



MOBILITY
CWA LOCAL 9423
LOCAL GRIEVANCE REPORT

CATEGORY CODE _____

GRIEVANCE NUMBER _____

GRIEVANT'S NAME _____ SS# _____

HOME ADDRESS _____ TEL # _____

WORK ADDRESS _____ TEL # _____

DEPT _____ NCS _____ TITLE _____ RATE OF PAY _____

DATE OF INCIDENT _____ DATE STEWARD REQUESTED STEP I MTG _____

CONTRACT ARTICLES VIOLATED _____
AND ARTICLES 2, 7 & 17, AND ANY & ALL OTHERS THAT MAY APPLY.

NATURE OF GRIEVANCE _____

UNION DEMAND FOR SETTLEMENT _____

COMPANY POSITION AND/OR REASON FOR ACTION _____

	STEP I	STEP II	STEP III
MGT REP & TITLE PHONE			
UNION REP & TITLE PHONE #			
FINAL MEETING DATE			
DATE REFERRED TO NEXTSTEP			
TIMEOUTDATE			

DATE LOCAL REC'D. CO. POSITION LETTER
STEP II _____ STEP III _____

RECESSED? DATE & REASON
STEP I _____
STEP II _____
STEP III _____

DISPOSITION/SETTLEMENT _____